

**DEPARTMENT OF SOCIAL SERVICES
NOTICE OF CHANGE**

NAME OF EMPLOYEE: _____
(AS IT NOW APPEARS ON PAYROLL)

EMPLOYEE NUMBER: _____

CHANGE IN NAME: _____

EFFECTIVE DATE OF CHANGE: _____

CHANGE IN ADDRESS: _____

TELEPHONE NUMBER: [HOME] _____

CHANGE OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

TELEPHONE NUMBER: [HOME] _____ [WORK] _____

Please also complete and attached the appropriate name/address change form for your employee health insurance coverage.

If only employee name or address are changing, it is not necessary for you to complete new tax or retirement information change forms.